

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
1650 Cochrane Circle
Fort Carson, Colorado 80913-4604

MEDDAC Regulation
No. 420-90
Facilities Engineering

APR 1 - 2004

Fire Emergency And Prevention Plan
Supplementation of this regulation is prohibited

History. This regulation supersedes MEDDAC Regulation 420-90, dated 23 October 02.

Summary. This regulation covers the responsibilities, objectives and procedures for fire emergencies and for the prevention of fires.

Applicability. The policies and procedures established in this regulation apply to all sections within the MEDDAC/DENTAC/VETCOM.

Proponent and exception authority. The proponent of this regulation is the Safety Office, Facilities Management Branch, Logistics Division. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling directives.

Army management control process. This regulation is not subject to the requirements of AR 11-2, as it contains no internal management control provisions.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Chief, Logistics Division, ATTN: MCXE-LOG-FM Fort Carson, CO 80913-4604.

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*This regulation supersedes MEDDAC Reg 420-90, 23 Oct 02

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1. **PURPOSE.** This regulation prescribes responsibilities, measures and procedures for fire emergencies and for the prevention of fires.

2. **SCOPE.** The provisions of this regulation in its entirety are applicable to all sections and personnel assigned or attached to the MEDDAC/DENTAC/VETCOM at Fort Carson, CO. It is also applicable to all MEDDAC personnel at Pueblo, Pinon Canyon, CO. and Dugway, Tooele, Deseret, UT. All personnel assigned or attached to the MEDDAC/DENTAC/ VETCOM are required to become familiar with this regulation so that they understand the fire prevention program and are able to react appropriately during a fire emergency. Fire safety training is required to be conducted annually for all employees.

3. REFERENCES:

- a. AR 420-90, Fire Protection.
- b. National Fire Protection Association (NFPA) Codes.

c. FC and 4D Reg 420-5, Fire Prevention and Protection.

d. Joint Commission on Accreditation of Health Care Organizations (JCAHO), Management of the Environment of Care Standard, current edition.

4. **GENERAL:** All personnel assigned or attached to the MEDDAC/DENTAC/VETCOM are required to become familiar with this regulation so that they understand the fire prevention program and are able to react appropriately during a fire emergency. Fire safety training is required to be conducted annually for all employees.

5. **RESPONSIBILITIES:**

a. The Hospital Maintenance Contractor is responsible for the maintenance of installed fire fighting equipment in the MEDDAC and for providing technical assistance regarding elimination of fire hazards.

b. The Hospital Maintenance Contractor is responsible for inspecting, testing and repairing the engineered smoke control and fire alarm systems, and all installed fire suppression and extinguishing systems within Evans U.S. Army Community Hospital, Building 7500.

c. The MEDDAC Safety Manager is designated as the Fire Marshal for the MEDDAC/DENTAC/ VETCOM. He/she is responsible to the Commander for implementation, compliance and surveillance of the Fire Emergency and Prevention Program to include:

(1) Perform management and oversight review of the life safety program.

(2) Review submitted plans for emergency evacuation procedures and for fire exit drills with the appropriate officials.

(3) Assist the department in-service coordinator and/or conduct, upon request, mandatory annual life safety training for employees.

(4) Assist the Fort Carson Fire Inspector, when necessary, in conducting walk-through inspections of all buildings, structures and grounds within MEDDAC/ DENTAC/VETCOM responsibility.

(5) Prepare a written reply to the Fort Carson Fire Prevention Inspection Report. Reply is forwarded to the Fort Carson Fire Prevention Branch no later than the suspense date posted, complete with corrective actions taken for all life safety hazards documented during the fire inspection.

(6) Maintain life safety documentation required by Joint Commission on Accreditation of Health Care Organizations (JCAHO), i.e., training, fire exit drills, fire reports and Interim Life Safety Measures (ILSM).

(7) Review/update this regulation as needed, but at least every three (3) years.

d. Area Fire Marshals will:

(1) Be the NCOIC or supervisor of the area or section unless designated, on orders, to another. A copy of the designation orders will be forwarded to the MEDDAC Fire Marshal. The OIC will notify the MEDDAC Fire Marshall of any changes regarding Area Fire Marshal appointment.

(2) Render assistance to the MEDDAC Fire Marshal.

(3) Assist the Fort Carson Fire Inspector in conducting walk-through inspections of their area of responsibility.

(4) Inspect and maintain all assigned areas for the avoidance, detection and elimination of fire safety hazards on a daily basis.

(5) Conduct monthly inspections of the fire extinguishers within their work area IAW Appendix B.

(6) Evaluate area(s) during fires and fire exit drills to help ensure appropriate action is taken by staff, patients and visitors. Ensure exit(s) from the area is well lit and accessible. Record noted data on the Exit Drill Report (Appendix I) and fax to the Safety Office within 24 hours (Fax # 6-7771). Area Fire Marshals will work in close coordination with the MEDDAC Fire Marshal and supervisor/NCOIC to ensure corrective action is taken for all problems identified.

(7) Conduct monthly area fire inspections utilizing a Monthly Fire Prevention Inspection Checklist (Appendix C). Inspection documentation must be maintained for 12 months.

e. Supervisors will:

(1) Ensure that all personnel are familiar with this regulation and are aware of their individual responsibilities during a fire emergency.

(2) Take charge during fire emergencies and conduct an orderly evacuation of patients, visitors and staff, if required. When a fire occurs which requires either horizontal or vertical movement/relocation of bed ridden patients within the hospital or from the hospital, procedures outlined in Appendix D & E will be followed.

(3) Ensure new personnel are trained on fire prevention and response procedures for their particular area.

(4) Assist the MEDDAC Fire Marshal and Fort Carson Fire Department during fires and/or fire exit drills, if required.

(5) Ensure that all fire safety requirements are included in purchase requests for all materials and equipment ordered, i.e., chemicals, compressed gases, electrical and non electrical machinery, furniture, draperies, curtains, decorations, etc. Contact the MEDDAC Fire Marshal for guidance when necessary.

6. INSPECTIONS:

a. The MEDDAC Fire Marshal conducts fire safety inspections of MEDDAC/DENTAC/VETCOM facilities every 6 months for patient care areas and at least annually for all other areas.

b. Monthly Fire Prevention Checklist, Appendix C, is designed to be used by Area Fire Marshals to conduct their monthly inspection. The checklist is utilized to help ensure worksites are free of recognized hazards.

7. FIRE ALARM SYSTEM:

a. In Evans U.S. Army Community Hospital, Building 7500, no assumption can be made that a fire alarm signal is received at the Fort Carson Fire Department when the alarm is activated. In all cases of alarm activation in your zone, immediately dial 911 and give all pertinent information. Do not hang up until fire dispatcher receives all required information.

b. In DENTAC/VETCOM and outlying MEDDAC facilities, fire alarm signals may not be directly linked to the Fort Carson Fire Department. Therefore, it is imperative that 911 be called immediately. Caller will give all pertinent information. Do not hang up until fire dispatcher receives all required information. If calling 911 from a cell phone, you will get the Colorado Springs Police, let them know you are on Fort Carson and they will transfer you.

8. FIRE EXIT DRILL PROCEDURES:

a. To the extent possible, fire exit drills are conducted as if a true emergency existed. Fire exit drills are conducted once per quarter, per shift (at a minimum) for patient care occupancies and annually (at a minimum) for business occupancies.

b. Prior to a fire exit drill being conducted in a facility at Fort Carson, the following offices are notified by the MEDDAC Fire Marshal:

(1) The Hospital Maintenance Project Manager (for Building 7500).

(2) The Fort Carson Fire Dispatcher (for all buildings).

(3) The Hospital Communication Room (for Building 7500).

c. The procedures described in Appendices D, E, F, G, and H of this regulation are followed during any alarm condition. Patient evacuation is not required for in-patient areas/wards during fire exit drills.

d. The MEDDAC Fire Marshal maintains documentation of all fire exit drills within the MEDDAC/DENTAC/VETCOM. Fire exit drills will be documented on a Fire Exit Drill Report, Appendix I.

e. Patients on in-patients wards, medical care providers actively involved in an invasive treatment/examination of a patient, patients being treated/examined, and Department of Pathology technicians analyzing sensitive samples/ specimens are not required to physically evacuate in a fire exit drill evacuation procedure. All other staff and patients will go through the process in preparation for evacuation.

9. PROCEDURES DURING A FIRE:

a. Building 7500: Procedures outlined in Appendix D, E, F, and G will be followed during all CODE RED (fire alarm activation) conditions. Staff in all areas of the hospital located away from the fire point of origin will follow procedures outlined in Appendix E. Procedures are required to be followed during any alarm condition (actual or drill).

b. MEDDAC/DENTAC/VETCOM Occupied Areas in Buildings other than Building 7500: Procedures outlined in Appendix H will be followed during all CODE RED conditions. Procedures are required to be followed during any alarm condition (actual or drill).

10. **EVACUATION.** The Hospital Commander, his designated representative, or the senior person on the scene has the authority to direct a limited evacuation of patients, staff, and visitors at any MEDDAC facility. The Hospital Commander, his designated representative, and/or the Fort Carson Fire Department have complete authority to evacuate the entire hospital, Building 7500.

11. **ELEVATORS.** Elevators will not be used during a fire emergency unless directed by the Fort Carson Fire Department. Stairs will be used.

12. **WHEELED CARTS/EQUIPMENT.** In-use carts/equipment on wheels may be located within egress corridors on the same side. Carts/equipment must be relocated to designated areas in the event of a fire emergency. Employees must be trained on specific location where carts/equipment are to be relocated in the event an actual fire emergency occurs.

13. **INTERIM LIFE SAFETY MEASURES (ILSM).** Interim Life Safety Measures (ILSM), as outlined by Joint Commission on Accreditation of Health Care Organizations (JCAHO), are a series of eleven (11) administrative actions required to be taken to temporarily compensate for hazards posed by existing Life Safety Code (LSC) deficiencies. Implementation of the ILSM is required in and adjacent to all construction/renovation areas. ILSM

Matrix, Appendix J, will be utilized by Facilities Management for all construction/renovation projects. Matrix will be used to determine which ILSM's apply. Copies are maintained in the Safety Office.

14. SMOKING. A strict NO SMOKING/NO TOBACCO (No exceptions) policy is in effect throughout MEDDAC/DENTAC/VETCOM facilities.

- a. Designated tobacco use areas will be at least fifty (50) feet from common points of ingress/egress or inside designated break shelters, and will not be located in areas which are commonly used by nonsmokers.
- b. Signs designating authorized tobacco use areas will be posted.
- c. Tobacco use material will be disposed of in approved containers, e.g., ashtrays and butt cans.

15. OXYGEN ENRICHED ATMOSPHERIC HAZARDS:

- a. In areas such as operating rooms, areas containing supplied oxygen, infant incubators, oxygen respirators, and anesthesia machines, actions (as listed here) must be taken to limit oxygen content in the environment. An increase in the atmospheric oxygen content increases the likelihood of ignition and rate of flame propagation in a combustible material.
- b. Electrical equipment used in oxygen-enriched atmospheres is limited to that approved at the maximum anticipated oxygen pressure and concentrations by the Chief, Medical Maintenance, Equipment Management Branch, Logistics Division.
- c. Static electricity is eliminated from the rooms by maintaining the humidity level above 50%.
- d. Use of combustible materials in an oxygen-enriched atmosphere is kept to an absolute minimum. Storage of such materials is not permitted in an oxygen-enriched atmosphere.
- e. Preventing Surgical Fires – For information on the Prevention of Surgical Fires, refer to MEDCOM Reg 40-48, Fires Associated with the Performance of Surgical Procedures.

16. DESIGNATION OF PATIENT CARE AREAS:

- a. The following areas are designated as critical care areas: The Emergency Department, Operating Suites, Recovery, Same Day Surgery, New Born Nursery, Intensive Care Unit, Labor and Delivery, Oral Surgery and procedure rooms in the Gastroenterology, Urology, and Surgical Clinic. Patients in these areas are subject to invasive procedures and connected to line-operated, patient-care-related electrical devices.
- b. The following area is designated as a wet location: Room 1824, Physical Therapy Clinic. Patients in this area are subjected to wet conditions including standing water on the floor and/or routine dousing/drenching of the work area.
- c. All patient care areas not identified in a and b are designated as General Care Areas. General care areas are patient bedrooms, examination rooms, treatment rooms, clinics, and similar areas in which it is intended that the patient will come in contact with ordinary appliances such as a nurse-call system, electric beds, examination lamps and telephones. Patients in such areas could be connected to patient-care-related electrical appliances such as heating pads, electrocardiographs, drainage pumps, monitors, otoscopes, ophthalmoscopes, intravenous lines, etc.

17. FLAME-RETARDANT MATERIAL. All textile-based materials such as curtains, linen, carpeting, and wall coverings, whether obtained by procurement or donation, must be of a flame-retardant material. The flame-retardant quality must not be compromised when laundered or cleaned.

18. EXIT SIGNS, DOORS, DETECTORS AND OTHER FIRE SYSTEM DEVICES:

- a. No fire system sign or device will be blocked, covered or in any way obstructed from sight or use.
- b. Fire doors will not be blocked or held open except by an electro-magnetic device, which will de-activate upon fire alarm activation.
- c. Decorations may not block, hang off of, or in any way impede or impair a fire alarm device.
- d. Holiday Season decoration policy for safety of all MEDDAC staff, patients and visitors during the holiday season and to protect our facilities from damage are as follows:

(1) Do not set up trees prior to the second week of December. Remove trees not later than the second regular workday in January.

(2) Use only artificial trees. Trees and decorative material must be labeled flame resistant; do not remove the labels.

(3) Do not use cuttings of real evergreen branches.

(4) Only UL decorative lights allowed and they must be unplugged when personnel are out of the area.

(5) Do not place trees or decorations near any heat source.

(6) Do not block or obstruct doors, hallways, exits, egresses, line of sight, or access to fire extinguishers with decorations of any type.

(7) Do not use candles.

(8) Tape, nails, tacks, etc., may not be used to hang decorations on any painted surface; the use of removable plastic adhesive is authorized. The use of tape is acceptable on glass surfaces. All adhesive material must be removed when decorations are taken down.

(9) Decorations may not be hung from, or on, any fire prevention appliance, i.e., fire extinguishers, fire doors, exit signs, sprinkler heads, etc.

(10) Crepe paper is not allowed.

19. FLAMMABLES:

- a. Flammable liquids will not be used for cleaning purposes.
- b. Containers of paint and flammable liquids will be kept tightly closed and stored in accordance with NFPA requirements, i.e., flammable storage cabinet.
- c. No exposed heating elements, no smoking, no open flames or other sources of ignition is permitted in areas where flammables are used or stored.
- d. Lawn equipment, other gas powered equipment and gas cans will not be stored in any occupied building. Storage buildings for flammables will be clearly marked "FLAMMABLE" NO SMOKING WITHIN 50 FEET.

20. BATTERY SERVICE AND STORAGE:

- a. Hydrogen gas is formed during the functioning of wet cell storage batteries. Hydrogen gas is highly flammable, much lighter than air, and will rise to the highest available space. The area used for service or storage of such batteries shall be designed to vent the gas to exterior atmosphere and prevent ignition of such gas, which may not be completely vented.

- b. No hazardous chemicals shall be stored or used in the recharging area.
- c. Recharge areas must be approved by the MEDDAC Fire Marshal.
- d. No special requirements are required for the disposal of alkaline batteries. Batteries can be disposed of as general trash.
- e. All used non-alkaline batteries are considered Universal Waste. These will be turned into Equipment Management Branch.

APPENDIX A

Electrical Safety

1. All electrical medical equipment will be inspected and documented by the Equipment Management Branch IAW MEDDAC Reg 750-1.
2. A variety of non-medical electrical equipment will be visually inspected during Standard Army Safety and Occupational Health Inspections (SASOHI's) conducted by the MEDDAC Safety Manager. Deficiencies will be annotated on inspection report and forwarded to NCOIC/supervisor for action, if necessary.
3. Extension cords and adapter requirements:
 - a. Extension cords and adapters are not authorized to be used in place of fixed wiring.
 - b. Electrical cords will not be spliced, tacked, stapled or fastened to woodwork, walls, etc., and never tied or draped over pipes or other supports.
 - c. Extension cord use must be approved by the MEDDAC Fire Marshal unless being used by the Equipment Management Branch as a temporary measure for a critical mission requirement.
 - d. Electrical cords will not be placed in common walkways, run under floor coverings, through doorways or windows. When possible, furniture will be arranged to eliminate the cords across paths of travel.
 - e. Use of extension cords or adapters with patient or medical equipment may be authorized by the Equipment Management Chief as a temporary measure for a critical mission requirement. All extension cords and adapters will be 16 wire gauge or heavier, grounded (3 prong), and will not exceed ten (10) feet in length. They will meet Underwriters' Laboratory, Inc. (UL) standards.
 - f. Surge suppressers, with their own reset breaker, are authorized for use to protect computer systems or other electrical items from electrical surges.
4. All electrical appliances with a heating element, e.g., coffee pots, microwave ovens, etc., will be visually inspected annually IAW paragraph 5 and tagged by the section/area fire marshal/NCOIC/supervisor. The tags are available from the MEDDAC Fire Marshal. Date and name of individual who inspected equipment will be annotated on tag. DO NOT USE WIRE TAGS.
5. The use of personal electrical equipment by patients is allowed if inspected and approved by the NCOIC/supervisor. No tag is required. Examples of personal electrical equipment include: small radios, electric shavers, hair dryers, electric clocks, etc. Equipment must meet Underwriters' Laboratory, Inc. (UL) standards.
 - a. NCOIC's must ensure all electrical equipment meets the following criteria:
 - (1) Cords must not be frayed, spliced, diced, cut or otherwise damaged.
 - (2) Cord must be securely fastened to the equipment.
 - (3) Plug must be physically intact and securely fastened to the cord.
 - (4) Plug must be checked for cracks and male contacts (prongs) secured tightly.
 - (5) Plug must be grounded, (3 prong) or for 2 prong cords, have one prong larger than the other.
 - (6) Any indication of an electrical short circuit such as blackening of the plug or blown fuse will preclude the use of the equipment.

(7) Meet UL Standards.

(8) All use of equipment not meeting the above criteria will be prohibited.

b. Battery operated transistor radios; calculators and electronic games used in wards, clinics, and administrative areas are exempt from these requirements.

6. Personal electrical equipment will not be permitted in any area where oxygen is in use unless certified as being safe by Equipment Management Branch.

7. A fully justified request must be approved by the Facilities Management Branch prior to purchase of any portable heating device. Portable heating devices, i.e., electric space heaters, must have an automatic "tip-over" shut-off, meet UL standards and be approved by the MEDDAC Fire Marshal or the Equipment Management Branch prior to purchase or use.

APPENDIX B

Fire Extinguishers

1. Fire extinguisher locations are determined by the Fort Carson Fire Prevention Branch. NFPA Codes and Standards, the current work activities, and building layout are utilized to make a determination of fire extinguisher requirements. When work activities change or building modifications take place, the Fort Carson Fire Prevention Branch must be contacted to make another inspection and determination of the fire extinguisher requirement.
2. Annual inspections will be conducted by the MEDDAC Fire Marshal. All portable fire extinguishers located in MEDDAC/DENTAC/VETCOM buildings/areas, except Building 7500 will be inspected/maintained in February. The annual inspection/maintenance for those in Building 7500 will be conducted in March. The annual inspection will be annotated by writing "annual" on the tag in the block in which the inspection occurred.
3. When a fire extinguisher tag is full, a new tag will be affixed in the neck area by the MEDDAC Fire Marshal.
4. At any time, a fire extinguisher which is identified as being in need of repair, general maintenance, six-year maintenance and/or twelve-year hydro-static and maintenance, will be pulled from service and replaced with one from the excess stock.
5. Excess stock, a minimum of eight portable fire extinguishers (ABC-dry chemical), will be maintained.
6. When an extinguisher from excess stock is placed in service, it will have an annual inspection prior to placement. The tag will be documented by writing "annual" in the month/year that the inspection is conducted. If there are any months for that year prior to placement, during which the extinguisher was not in use, "out of service" or "OOS" will be written in those months.
7. When at least seven (7) fire extinguishers are in need of repair, general maintenance, six-year maintenance, or twelve-year hydrostatic and maintenance, they will be turned in to a local fire extinguisher company for the necessary work.
8. Portable fire extinguishers in buildings or areas will not be moved or relocated from building to building or from one location to another within a building or area except by the MEDDAC Fire Marshal.
9. When inoperable or evidence of tampering is obvious; the MEDDAC Fire Marshal must be notified. The fire extinguisher(s) will be exchanged and turned-in for servicing.
10. Fire extinguishers requiring any type of servicing will be turned-in to the MEDDAC Fire Marshal for exchange.
11. The MEDDAC Fire Marshal will conduct monthly visual inspections on all fire extinguishers in service within Building 7500. Fire Marshals in outlying buildings will conduct the monthly inspection on fire extinguishers within their section/building. All monthly inspections will include the following:
 - a. Ensure the pin is in place and the seal is secure.
 - b. Inspect the gauge to ensure the needle is within the green. If it is not, contact the MEDDAC Fire Marshal to exchange the extinguisher.
 - c. Ensure each fire point has the portable fire extinguisher, a fire plan and a FC Poster 103. Other information pertaining to fire prevention may also be present.
 - d. Document the inspection on the tag by initialing the box for that month.
12. Any personnel noting a fire extinguisher that needs inspection will contact the MEDDAC Fire Marshal.

APPENDIX C

Monthly Fire Prevention Inspection Checklist

Area: _____

Fire Marshal: _____ Date Conducted: _____

EXPLAIN "NO" UNDER REMARKS

YES / NO

1. Are all portable fire extinguishers mounted, unobstructed, and fully charged with seals intact? _____
2. Are all illuminated exit signs properly lit? _____
3. Do all exit doors open readily, swing fully and close and latch without assistance? _____
4. Are aisles and corridors maintained clear, free of debris, furniture, housekeeping carts, etc.? _____
5. Do all electrical cords comply with regulations? _____
6. Have all non-medical heat producing and staff owned electrical items been inspected? _____
7. Are all electrical outlet/switch cover plates in place and in good repair? _____
8. Do all lights turn on properly and stay on? _____
9. Has all staff received a briefing on "CODE RED" procedures? _____
10. Has all staff received documented fire prevention training? _____
11. Are coffee pots turned off and unplugged when not in use? (No timers or extension cords) _____
12. Are fire evacuation plans current and posted? _____
13. Are all personnel familiar with evacuation plans? _____
14. Does a minimum of 18" exists between storage and sprinkler head? (Minimum of 18" clearance must be maintained below sprinkler head and top of storage). _____
15. Where provided, are emergency lights operable? (Test for a minimum of 30 seconds) _____
16. Are oxygen/gas cylinders stored/tagged properly? _____
17. Was your fire inspection complete, covering all areas? _____

REMARKS:

APPENDIX D

Building 7500, Evans Army Community Hospital, Fire Plan

1. This fire plan is for Building 7500 and is in accordance with FC Reg 420-90, Fire Prevention and Protection.
2. In the event of a fire in this building, the following steps (**RACE**) should be taken immediately (in the active zone):

RESCUE - patients and staff in immediate danger.

ANNOUNCE - the fire by pulling the nearest pull station and calling 911.

CONFINE - the area by closing all doors.

EXTINGUISH/EVACUATE - extinguish the fire if it is small and you know how - evacuate immediate area.

3. If the fire is still in the early stage and the person has been trained on how to use a fire extinguisher, an attempt can be made to extinguish the fire. Use the "one-extinguisher rule", i.e., if it cannot be controlled with one extinguisher, do not get another. Evacuate!
4. Normally, evacuation will be horizontal to the closest safe smoke (fire) zone, i.e., area where chimes are not sounding.
5. In case of total evacuation, each section/department must have an established assembly point and an accountability plan.

APPENDIX E

Emergency Procedures for Areas Away From Fire Point Of Origin, Building 7500

1. When the fire alarm activates within the hospital, the fire marshals, supervisors and/or NCOICs in all areas outside the active fire zone, i.e., areas where fire alarm speakers do not continue to sound, will take the following steps **(CAROL)**.

CLOSE all doors throughout area/fire zone.

ASSIST with evacuations from the active zone as required by area policy.

REASURE patients/visitors that the area is safe to occupy.

OBSERVE all areas/rooms for smoke and/or fire entering from an adjacent fire zone. If smoke or fire is present, pull the nearest fire alarm pull station and take appropriate action as outlined in Appendix D.

LISTEN for additional announcements over the public address system and react accordingly.

APPENDIX F

Announcement Procedures

1. Upon **activation** of the fire alarm, an automated general alarm announcement will be announced throughout the hospital. Chimes followed by a Code Red announcement will be given three (3) times. After the general alarm, the chimes will remain on only in the active fire zone.

a. Fire Exit Drills: Fire exit drills will utilize the fire alarm general alarm announcement followed by the zone specific alarm during normal business hours. This will be accomplished by activating a pull station in the drill zone. After the general alarm has sounded for one iteration, the alarm will be silenced and the Hospital Operator will announce that the activation is a drill. Between the hours of 2100 and 0600, the fire exit drill will be simulated. The fire alarm system will not be activated during a simulated fire exit drill.

2. Upon **termination** of the CODE RED/fire exit drill:

a. Building 7500:

(1) For Fires: When the Fort Carson Fire Department Incident Commander determines the area to be safe, an "All Clear" announcement will be made by the Hospital Operator.

(2) For Fire Exit Drills: At the termination of the fire exit drill, the "All Clear" announcement will be made by the hospital operator over the public address system.

b. Other buildings: For Fires and/or Fire Exit Drills – the Fire Department or MEDDAC Safety Officer will announce an "all clear" at the termination of the drill or when deemed safe by the Fire Department.

APPENDIX G

Evacuation Procedures for Building 7500

1. PATIENT EVACUATION.

a. If the patient is immobilized in bed, in traction, or is on oxygen and a fire develops in the bed, cut traction devices and/or cut off oxygen, smother flames with a blanket, and get patient off the bed onto the floor. Use a blanket to drag the patient out of immediate area of danger.

b. If patient is not involved physically with the fire, walk, wheel or "blanket drag" patient to a safe area.

c. Evacuation out of the building is not ordinarily required. The fire wall configuration is designed to allow horizontal movement of patients to safety.

d. Types of Evacuation.

(1) Limited. When a small or limited fire emergency exists, a partial or horizontal evacuation is conducted to adjacent safe fire zones.

(2) General. When a large or general fire emergency exists, a complete or general evacuation is conducted vertically (downward) until such time that smoke, fire, or other hazards render these areas unsafe. The ambulance garage is used as temporary housing outside the hospital for non-ambulatory patients.

e. Classes of Patients to be evacuated.

(1) Ambulatory. Ambulatory patients are grouped and led to a safe area during a limited or general evacuation.

(2) Wheel Chair Patients. Wheel chairs are utilized to evacuate patients to other areas on the same floor. If a wheel chair is used to evacuate a patient to a safe area, the patient then yields his chair so that it may be returned and used to evacuate others.

(3) Litter Patients. Wheeled litters are utilized to evacuate patients to other areas on the same floor. Non-wheeled (Stokes) litters are utilized for transporting of surgical, orthopedic, or seriously ill patients, when vertical evacuation is required. Employ litter straps at all times when patients are being carried. Non-wheeled litters and straps are available for areas which may have a need for them.

2. WARDS AND CLINICS:

a. The senior individual on duty is responsible for the safe evacuation of all patients, staff, and visitors from the area.

b. The senior person directs the staff to evacuate patients to the nearest inactive (safe) fire zone IAW fire evacuation plan.

c. During the initial sweep, rescue patients, close all doors, call 911 and attempt to extinguish small fires if you can do so safely. Fire extinguisher procedure = PASS:

Pull the pin,
Aim at the base of the fire,
Squeeze handles to activate,
Sweep – move extinguisher in a sweeping motion.

d. After the initial sweep, evaluate the danger posed to the remaining staff and patients in the zone. Only in extreme cases will a patient be moved when movement may cause the patient further harm. When possible, the decision to move these patients will be made by Commander, DCAS, DCCS, DCHS, or the Fort Carson Fire Department Incident Commander.

e. In some cases additional staff may be required to evacuate the active fire zone. These requirements need to be directed to the Communications Room.

f. After all patients and staff have been evacuated, the senior person on duty will conduct a final sweep to ensure no personnel have been overlooked, all doors are closed, and the medical gases have been shut off (medical gases are shut off by pulling the handles toward you).

g. If at any time the situation becomes extreme, the senior person at the scene should exercise their judgment in evacuating the area.

3. ADMINISTRATIVE AREAS:

a. All personnel in administrative areas will evacuate to a safe fire zone immediately during an alarm condition.

b. The senior person on duty will conduct a sweep of the area to ensure all personnel have evacuated and all doors are closed. If the area has oxygen and/or medical gases, shut these off by pulling the handles toward you.

c. From a safe area, call 911 and brief the dispatcher on the situation. Do not hang up until the dispatcher receives all required information.

4. In the event of a complete evacuation of the hospital, the Hospital Maintenance Contractor will shut-off main oxygen service to the hospital.

APPENDIX H

Evacuation Procedures for All MEDDAC/DENTAC/VETCOM Occupied Areas Other Than Building 7500

1. In the event of a fire in a MEDDAC/DENTAC/ VETCOM occupied area in a building other than Building 7500, the following steps (**RACE**) should be taken immediately:

RESCUE - patients and staff in immediate danger.

ANNOUNCE - the fire by pulling the nearest pull station and calling 911.

CONFINE - the area by closing all doors.

EXTINGUISH/EVACUATE - extinguish the fire if it is small and you know how - evacuate the building.

2. If the fire is still in the early stage and the person has been trained on how to use a fire extinguisher, an attempt can be made to extinguish the fire. Use the "one-extinguisher rule", i.e., if it cannot be controlled with one extinguisher, do not get another. Evacuate!

3. The fire alarm signal may not be directly linked between the outlying buildings and the Fire Department. Person discovering the fire must dial 911 and give building number and location of fire. Do not hang up until fire dispatcher receives all required information. If necessary, make the call from a neighboring building at Fort Carson. If calling 911 from a cell phone on Fort Carson, you will get the Colorado Springs Dispatch, let them know you are on Fort Carson and they will transfer you.

4. Fire Exit Drills: Fire exit drills will be conducted by the MEDDAC Fire Marshal at Fort Carson and by the Fire Department at the other locations and must be documented on Fire Exit Drill Report, Appendix J.

APPENDIX I
FIRE EXIT DRILL REPORT

ZONE/OCCUPANT: _____

APPROX # OF PEOPLE: _____ **DATE/TIME:** _____

LOCATION OF PULL STATION ACTIVATED: _____

9-1-1 NOTIFIED: YES NO

FINAL SWEEP OF AREA CONDUCTED: YES NO

DOORS CLOSED: YES NO

COMMENTS: _____

EXIT SIGNS ILLUMINATED: YES NO

COMMENTS: _____

ALARMS HEARD THROUGHOUT: YES NO

COMMENTS: _____

VISIBLE ALARMS ILLUMINATED: YES NO

COMMENTS: _____

STAFF KNOWLEDGEABLE ON EVACUATION PROCEDURES: YES NO

COMMENTS: _____

OTHER COMMENTS: _____

This page is a placeholder for Appendix J; Interim Life safety measures EC 2.6.